

PATENT APPLICATION
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of:

Attorney Docket No.: 2842.01 US01

Goino

Confirmation No.: 6204

Application No.: 09/723,228

Examiner: Igor N. Borissov

Filed: November 27, 2000

Group Art Unit: 3639

For: MEHTOD OF SELLING RIGHT ASSOCIATED WITH GAMES

REQUEST FOR RECONSIDERATION OF PETITION UNDER 37 CFR 1.47(b)

Mail Stop Petition
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In the Decision on Petition mailed October 2, 2006, the Office indicated that the Petition to Expunge Unintentionally Submitted Information filed on June 13, 2006, was dismissed for failing to include the \$200 petition fee as set forth in 37 CFR § 1.17(g).

Applicant therefore submits this Request and respectfully renews his Petition to Expunge Unintentionally Submitted Information. Please deduct the \$200.00 petition fee as set forth in 37 CFR § 1.17(g) from Deposit Account No. 16-0631. The Commissioner is further authorized to charge to Deposit Account No. 16-0631 any underpayments, overpayments or additionally required fees.

Respectfully submitted,



Amy M. Salmela
Registration No. 55,910

Customer No. 24113
Patterson, Thuente, Skaar & Christensen, P.A.
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10/25/2006 WABDELRI 00000042 160631 09723228
01 FC:1463 200.00 DA
Adjustment date: 01/16/2007 CKHLOK
10/25/2006 WABDELRI 00000042 160631 09723228
01 FC:1463 200.00 CR

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: 01/04/06		2 Serial/Patent # 09/723,228									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
X	Petition		10/24/06	\$ 200.00							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
			7 TOTAL AMOUNT OF REFUND	\$ 200.00							
8 TO BE REFUNDED BY:											
10 REASON:		Treasury Check									
	Overpayment	X	Credit Deposit A/C #:								
	Duplicate Payment		9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;">6</td> <td style="width: 20px;">--</td> <td style="width: 20px;">0</td> <td style="width: 20px;">6</td> <td style="width: 20px;">3</td> <td style="width: 20px;">1</td> </tr> </table>		1	6	--	0	6	3	1
1	6	--	0	6	3	1					
X	No Fee Due (Explanation):										
petition dismissed											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: Cliff Congo		TITLE: Attorney									
SIGNATURE:		PHONE: 571-272-3207									
OFFICE: Petitions											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED:		DATE: 1/14/07									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: